## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073

www.lowa.gov/ethics

Towa Consection 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of Fiftis reports to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

Governor on behalf of the state For office use only Indexed **Audited** Checked Computer.

Gift or Bequest information received by a department or accepted by the

DEP/	AREMENT	OR OFFICE RECEIVING THE	EGIFT OR BEQUEST:

	A1 1 1 T		
Department of Commerc	œ, Alcoholic B	severages Division	
Name of Department or Office 1918 SE Hulstzer Road		Ankeny, Iowa 50021	
Mailing Address 515:281.7400	i .	City, State, Zip Code	
Area Code & Telephone No.			

CONTACT PERSON FOR RECIPIENT DEP	ARTMENT OR OFFICE:	
Tonya Dusold		
Name		
Mailing Address (if different from above)		City, State, Zip (if different from above)
dusold@iowaabd.com	: :	515.281.7420
Email Address		Area Code & Telephone Number (if different from above)

## DONOR OF GIFT OR BEQUEST:

National Alcoholic Beverage C	Control Association (NABCA)	l .	
Name 4401 Ford Ave. Ste 700	Alexandria, VA 22302-1473		
Mailing Address	Cily, State, Zip Code	February 2009	<b>\$ 10,000.00</b>
703-578-4200	· <u></u>	Date of Gift or Bequest	Amount/Value*
Area Code & Telephone Number		hatue is defined as "fair market"	value" of item as determined by
sschmidt@nabca.org		"value is defined as "fair market value" of item as determined it receiving department or office. If no value mark "0.00".	
Email Address (optional)	::-		

Provide a description of the gift or bequest and purpose thereof:

NABCA provides each control state that applies a \$10,000 grant through their Educational Award Program. The grant was used to help fund the update of the Division's website.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

## Statement of Affirmation:

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, Tonya Dusold	affect the first the control of the second s
1,	affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and
	t value (if applicable) is correct and true to the best of my knowledge.

January 26, 2010

Date